

**Before the
Federal Communications Commission
Washington, DC 20554**

In the Matter of Rural Health Care)	
Support Mechanism)	WC Docket No. 02-60CC
)	
)	

On behalf of the American Samoa Government (“ASG”), the Lyndon Baines Johnson Tropical Medical Center (“LBJ Hospital”) and the Department of Health (“DOH”), we, the undersigned, are most grateful for this opportunity to provide comment in response to the Federal Communications Commission’s (“FCC”) proposed rulemaking to set a 25% discount on rural health care providers’ internet access and to seek comment on whether infrastructure development should be funded. (In so much as American Samoa does not have mobile rural health care providers at this time, I will withhold comment at this time on whether mobile rural health care providers should use services other than satellite.) *Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, Docket No. 02-60CC, adopted December 15, 2004.*

Before offering comments in the above areas, we would like to extend American Samoa’s *fa’afetai ma fa’amalo* (a sincere thank you) to the Commissioners for recognizing the unique circumstances faced by American Samoa and other similarly situated geographic areas in its

redefinition of “rural area” for purposes of the rural health care support mechanism. The FCC’s new definition of “rural area” now paves the way for American Samoa and other similarly remote areas to meaningfully participate in the rural health care support mechanism as it was intended. Moreover, the Commissioner’s decision fairly allows American Samoa to take part in the rural health care support mechanism, where American Samoa’s end users contribute to through the Universal Service Fund.

Background

American Samoa’s population of about 58,000 does not have ready access to advanced medical facilities. American Samoa is located approximately 2300 miles southwest of Hawaii, the closest U.S. urban center with advanced medical facilities. Honolulu, Hawaii is another 2,000 miles from California. American Samoa’s geographic isolation is compounded by limited direct air transportation from American Samoa to Hawaii. Currently, only one airline provides direct air transportation from American Samoa to Hawaii and it operates only 2 flights per week.

LBJ, which is wholly owned by ASG, is the Territory’s only acute health-care provider, but is not a fully equipped hospital. Department of Health (DOH), a department of ASG, is the Territory’s primary and preventive health-care provider. The major source of funding for both LBJ and DOH are federal and local government subsidies. LBJ and DOH consistently encounter serious budget problems due to their limited resources compared to the continued increase in the cost of providing affordable health-care to the residents of American Samoa.

In 1998, the American Samoa Telecommunications Authority (“ASTCA”), at its expense, set up and currently operates a fractional T1 circuit to connect LBJ to medical facilities in Hawaii. ASTCA pays approximately \$170,000 per year for this circuit. Internet providers in American Samoa have such small off-island links (there is no submarine fiber optic cable to American

Samoa) that they are unable to provide an affordable Internet-based “Quality of Service” (QoS) connection to major health-care providers in Hawaii and elsewhere. For example, ASTCA currently is unable to provide an on-demand QoS for video teleconsultations and other high-speed applications without having to set-aside off-island capacity to support the link speed required. This would be costly and would require that a “fractional T1” be held available for QoS. Based on the cost of such capacity for schools and libraries, an off-island T1 link is about \$660,000 per year, and a 768 Kbps link is about \$390,000 per year (the actual cost would be higher since this does not include establishing a QoS to the other healthcare providers).

Internet Access Discount

ASG, LBJ, and DOH urge the Commission to increase the discount level for completely rural areas from the proposed 25% to 90%. There are several reasons why a 90% discount should be provided. First, the discount will help the severely financially challenged health-care providers in American Samoa afford a Quality of Service (“QoS”) based Internet capability that would enable the American Samoa health-care providers to access and share information resources, and access telehealth and telemedicine services. For example, at the cost for a T1 link quoted above, a 25% discount would still require LBJ and DOH to pay at least \$405,000 for a T1 link, and at least \$205,000 for a 768 Kbps link. Second, a 90% discount level will be equivalent to the discount level that the American Samoa schools and libraries qualify for under the ERate program based on the needs based criteria of the SLD program. Finally, although the cost of such a link will be more than that for the Commonwealth of the Northern Marianas Islands and Guam because they are connected to submarine fiber optics cabling, an Internet link with a QoS of 1.544 Mbps from American Samoa to Honolulu, Hawaii are fixed and should not exceed the amount listed above. Further, American Samoa’s health-care providers predict that demand for Internet access service

will not dramatically increase. Thus, there would not be a significant impact on the rural health care fund.

Infrastructure Development

ASG, LBJ, and DOH urge that funding be made available for infrastructure build-outs, especially in the area of submarine fiber optics. Should the FCC support infrastructure, American Samoa might be able to improve its access and lessen costs over time. The current cost of satellite communications remains very high even though the competition provisions of the universal service programs have lessened the overall prices for services. Relatedly, American Samoa encourages the Commission to consider funding selected essential telehealth and telemedicine technologies that are affordable and inexpensive. Such technologies might include laboratory and medical imaging. While we understand the desire not to fund end-user technologies in general, a means test for populations served and continuation of competitive procurements would minimize any potential for unnecessary or high-cost technologies.

Should the FCC increase the level of discount and support infrastructure development, our health-care providers might be able to seriously improve health care services to our population.

Thank you for the opportunity to register American Samoa's comments regarding the unique situation of the rural and remote insular Pacific Islands and the Commission's recognition of the special problems of our Territory. We hope that the Commission will increase the discount levels and continue to work towards finding a way forward regarding the obstacles that American Samoa continues to face in accessing information and services, and using health information technology.

Thank you in advance for your consideration of our comments.

Respectfully submitted,

AMERICAN SAMOA GOVERNMENT

By: /s/Togiola T.A. Tulafono
Governor

LBJ TROPICAL MEDICAL CENTER

By: /s/Taufetee John Faumuina
Chief Executive Officer

DEPARTMENT OF HEALTH

By: /s/ Uto'ofili Aso Maga
Director of Health
Department of Health

Executive Office Building
Pago Pago, American Samoa 96799